

ORAL CAVITY AND PHARYNX

Table 1: Incidence and mortality summary, South Dakota 2003

	All races combined			White	American Indian
	Total	Male	Female		
Incidence	76	54	22	74	2
S.D. incidence ¹	9.2	14.3	5.0	9.5	§
U.S. incidence	9.8	14.7	5.7	9.9	■
Death count ¹	19	11	8	19	0
S.D. death	2.3	2.9	1.8	2.4	□
U.S. death	2.6	4.1	1.5	2.5	1.9

■ Rate is not available

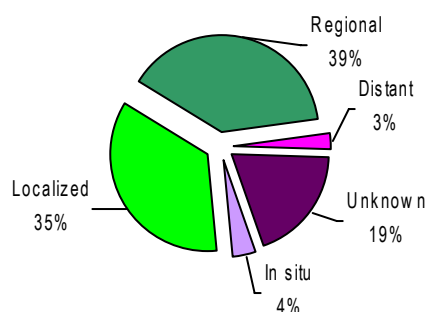
§ Rates less than 16 counts are suppressed because of instability of rates

Rates are per 100,000 persons, age-adjusted to the 2000 U.S. standard population

¹ Source: South Dakota Department of Health

² SEER 13 Registry Data 1990-2003

Figure 1: Oral cavity & pharynx stage at diagnosis³, South Dakota 2003



³ SEER SUMMARY STAGE

Source: South Dakota Department of Health

Descriptive Epidemiology

Incidence: Oral and pharyngeal cancers comprise a variety of malignant tumors and are overwhelmingly squamous cell carcinomas. Oral cavity and pharynx cancers were the tenth most common cancer reported to the SDCR accounting for 2.3% of cancer cases reported. There were 76 cases with 74 among whites and 2 American Indian.

Stage at diagnosis: 42% of the cases were diagnosed at regional and stages.

Mortality: Oral-pharyngeal cancer accounted for 1% of cancer deaths in 2003. Trends for the period 1999-2003 showed a decrease of -13.2 percent change (PC) and an annual percent change (APC) of -1.7. The trend for all races and white South Dakotans were similar. The numbers of deaths for American Indians each year were too low to report trends.

The mortality/incidence ratio was 0.25 for 2003.

Years of Potential Life Lost (YPLL₇₅) in 2003: 252 years for whites.

Average Years of Life Lost (AYLL₇₅) in 2003: 19 years for whites.

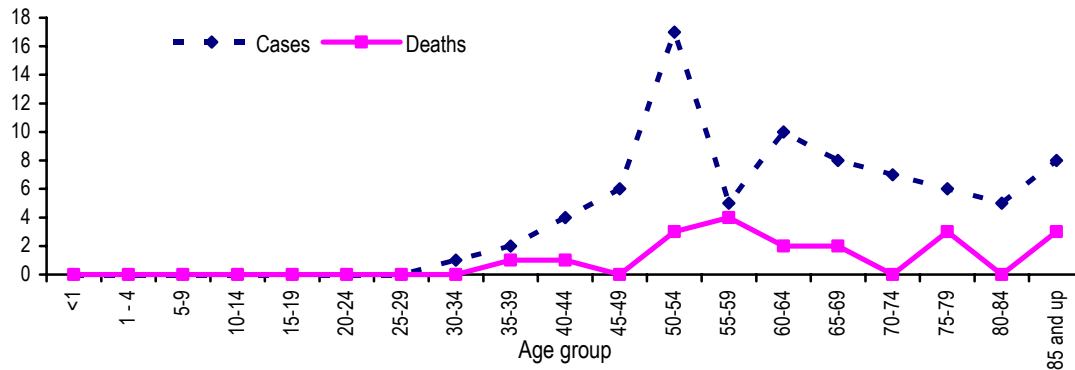
Risk and Associated Factors

Cigarette, cigar or pipe smoking and use of smokeless and spit tobacco along with excessive consumption of alcohol are major risk factors. Nearly 75 percent of cases are associated with tobacco use. Combined exposure with alcohol substantially increases risk and accounts for 90 percent of cases. Diets low in fruits and vegetables are also associated with risk and rates are higher among minorities and lower income groups.

Early Detection and Prevention

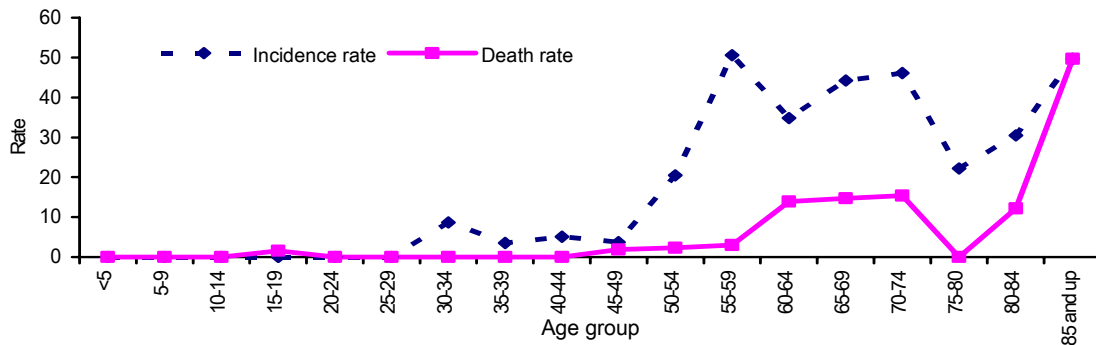
The single most effective measure to lower risk of developing this cancer is to reduce exposure to tobacco and alcohol. Most cases of oral cavity and pharynx cancers are preventable.

Figure : Oral cavity and pharynx cancer cases and deaths by age, South Dakota 2003



Source: South Dakota Department of Health

Figure 3: Oral cavity and pharynx age-specific incidence and death rates, South Dakota 2003



Note: Rates are per 100,000 persons

Source: South Dakota Department of Health

Table 2 : Oral cavity & pharynx age-adjusted incidence 2001-2003 and age-adjusted death rates 1999-2003, South Dakota and United States

		All races combined			White	American Indian/PI
		Total	Male	Female		
<u>2001-2003</u>	SD incidence*	239	175	64	219	8
3 years	S.D. incidence rate ¹	9.9	15.7	4.9	9.6	§
incidence ¹	U.S. SEER incidence rate ²	10.7	15.3	6.8	10.7	7.3
<u>1999-2003</u>	SD deaths ¹	108	60	48	102	5
5 years	S.D. death rate ²	2.6	3.3	1.9	2.6	§
deaths ¹	U.S. SEER death rate ²	2.7	4.1	1.5	2.5	2.2

Note: § Rates based on < 16 counts are suppressed because of instability of rates

Rates are per 100,000 persons, age-adjusted to the 2000 U.S. standard population

Source: South Dakota Department of Health ² SEER Cancer Statistics Review 1975-2003